| CENTERS FOR MEDICARE & MEDICAID SERVICES         STATEMENT OF DEFICIENCIES         AND PLAN OF CORRECTION         (X1) PROVIDER/SUPPLIER/CLIA         IDENTIFICATION NUMBER:         345380 |  | (X2) MULTI   | PLE CONSTRUCTION (> | OMB NO. 0938-039<br>(X3) DATE SURVEY  |        |  |  |
|---|--|--|---------------------|---|--------|--|--|
|   |  | A. BUILDIN   | COMPLETED           |   |        |  |  |
|   |  | B. WING  |                     | C<br>11/06/2014   |        |  |  |
| NAME OF PROVIDER OR SUPPLIER  |  |  |                     | STREET ADDRESS, CITY, STATE, ZIP CODE   | -      |  |  |
| THE REF   | IAB AND HC CTR AT  | VILLAGE GR   |                     | 1601 PURDUE DRIVE<br>FAYETTEVILLE, NC 28304   |        |  |  |
| (X4) ID<br>PREFIX<br>TAG  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION) |  | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)  |        |  |  |
| F 000   | INITIAL COMMEN   | TS   | F 00                | D   |        |  |  |
|   | complaint investiga<br>Event ID #DRXU1 <sup>2</sup>  |  |                     |   |        |  |  |
|   | 483.30(b) WAIVEF<br>FULL-TIME DON  | R-RN 8 HRS 7 DAYS/WK,  | F 354               | 4   | 12/20/ |  |  |
|   | this section, the fac  | ed under paragraph (c) or (d) of<br>cility must use the services of a<br>r at least 8 consecutive hours<br>ek.   |                     |   |        |  |  |
|   | this section, the fac  | ed under paragraph (c) or (d) of<br>cility must designate a<br>serve as the director of<br>ne basis.   | :                   |   |        |  |  |
|   |  | sing may serve as a charge<br>e facility has an average daily<br>r fewer residents.  |                     |   |        |  |  |
|   | by:  | NT is not met as evidenced   |                     | Standard Disclaimar: This Dian of   |        |  |  |
|   | record review, the<br>registered nurse (F<br>administrative nurs<br>administrative nurs                                      | es and counted the<br>es in the RN staffing hours for<br>the recertification/complaint   |                     | Standard Disclaimer: This Plan of<br>Correction is prepared as a necessar<br>requirement for continued participation<br>the Medicare and Medicaid programs<br>does not in any manner constitute and<br>admission to the validity of the allege<br>deficient practice. | and    |  |  |
|   | for 8 consecutive h<br>11/5/14. In an inter<br>administrator state<br>(MDS) nurse or the                                     | te staffing hours listed one RN<br>hours on 11/3/14, 11/4/14 and<br>view on 11/5/14 at 4:30 PM the<br>d the Minimum Data Set<br>e director of nursing (DON)<br>urs of RN staffing requirement. |                     | 1.)How corrective action will be<br>accomplished for those residents four<br>have been affected by the deficient<br>practice: An ad has been ran with th<br>Fayetteville Observer and also on<br>Indeed.com to actively seek a RN to                                  | e      |  |  |

**Electronically Signed** 

11/20/2014

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

| CENTERS FOR MEDICARE & MEDICAID SERVICES         TATEMENT OF DEFICIENCIES         ND PLAN OF CORRECTION         (X1) PROVIDER/SUPPLIER/CLIA         IDENTIFICATION NUMBER:         345380 |  | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING   |                     |  | MB NO. 0938-039<br>(X3) DATE SURVEY<br>COMPLETED<br>C<br>11/06/2014   |                            |                              |                   |            |  |   |  |          |  |
|---|--|--|---------------------|--|---|----------------------------|------------------------------|-------------------|------------|--|---|--|----------|--|
|   |  |  |                     |  |   |                            | NAME OF PROVIDER OR SUPPLIER |                   |            |  | STREET ADDRESS, CITY, STATE,                |  | <u> </u> |  |
|   |  |  |                     |  |   |                            | THE RE                       | IAB AND HC CTR AT | VILLAGE GR |  | 1601 PURDUE DRIVE<br>FAYETTEVILLE, NC 28304 |  |          |  |
| (X4) ID<br>PREFIX<br>TAG  | (EACH DEFICIENCY   | TEMENT OF DEFICIENCIES<br>/ MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN O<br>(EACH CORRECTIVE AC<br>CROSS-REFERENCED TO<br>DEFICIEN  | CTION SHOULD BE<br>) THE APPROPRIATE  | (X5)<br>COMPLETION<br>DATE |                              |                   |            |  |   |  |          |  |
| F 354   | The administrator of<br>certified for 170 bed<br>residents.<br>In another interview<br>DON stated she or<br>counted as the RN<br>approximately 6 mo<br>facility staffed an R<br>provided the require<br>weekends.<br>The administrator s<br>that a separate RN<br>hour RN staffing ref | ige 1<br>confirmed the facility was<br>ds with current census of 85<br>of on 11/5/14 at 4:50 PM, the<br>the MDS nurse had been<br>coverage during the week for<br>onths. The DON stated the<br>N weekend supervisor who<br>ed RN staffing requirement on<br>stated his expectation would be<br>be present daily to meet the 8<br>quirement during the week<br>tive nurses not be counting in | F 3                 | <ul> <li>54</li> <li>8 hours a day Monday Please see attached at Our RN Weekend Super covering the 8 hours a until a full time RN Mon can be hired starting 11</li> <li>2.)How corrective action those residents having affected by the deficient has been ran with the FObserver and also on I actively seek a RN to w Monday through Friday attached ad ran on 11/2 Weekend Supervisor w 8 hours a day 7 days a time RN Monday through hired starting 11/24/14.</li> <li>3.)What measures will systemic changes mad the deficient practice w The Administrator/DON aware by the staffing seevent that there will not of 8 hours in a 24 hour a week. In daily AM measures discussed if there is no coverage for the day by scheduler. If deemed r the RN weekend super throughout the week or be contacted.</li> <li>4.) How the facility plan performance to make set attached ad set attached ad super throughout the week or be contacted.</li> </ul> | d ran on 11/19/14.<br>ervisor will be<br>day 7 days a week<br>iday through Friday<br>/24/14.<br>n will be taken for<br>potential to be<br>t practice: An ad<br>Fayetteville<br>indeed.com to<br>york 8 hours a day<br>c Please see<br>19/14. Our RN<br>vill be covering the<br>week until a full<br>gh Friday can be<br>be put into place or<br>e to ensure that<br>ill not occur again:<br>I will be made<br>cheduler in the<br>be RN coverage<br>time period 7 days<br>eetings, it will be<br>t enough RN<br>y the facility<br>necessary either<br>visor will work<br>a agency RN will<br>is to monitor its |                            |                              |                   |            |  |   |  |          |  |

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Facility ID: 943524

If continuation sheet Page 2 of 3

|   |                   | AND HUMAN SERVICES   |  |  |   | FORM   | 11/25/2014<br>APPROVED<br>0938-0391 |  |
|---|-------------------|--|--|--|---|--|-------------------------------------|--|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br>345380 |                   |  |  | (X2) MULTIPLE CONSTRUCTION A. BUILDING |   |  | (X3) DATE SURVEY<br>COMPLETED       |  |
|   |                   | B. WING  |  |  | C<br>11/06/2014   |  |                                     |  |
| NAME OF PROVIDER OR SUPPLIER<br>THE REHAB AND HC CTR AT VILLAGE GR  |                   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>1601 PURDUE DRIVE |  |   |  |                                     |  |
| (X4) ID<br>PREFIX<br>TAG  | (EACH DEFICIENC)  | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION) | ID<br>PREF<br>TAG  | х                                      | AYETTEVILLE, NC 28304<br>PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD<br>CROSS-REFERENCED TO THE APPROP<br>DEFICIENCY)   | BE   | (X5)<br>COMPLETION<br>DATE          |  |
| F 354   | Continued From pa | age 2  | F  | 354                                    | in the event that there will not be R<br>coverage within in a 24 hour time p<br>In daily AM meetings, it will be disc<br>if there is not enough RN coverage<br>day by the facility scheduler. If deen<br>necessary either the RN weekend<br>supervisor will work throughout the<br>or a agency RN will be contacted.<br>5.) Completion Date: The goal is to<br>a full time RN Monday through Frid<br>hired within the next 30 days. This<br>be 12/20/2014 for a completion dat<br>DHSR will be notified if an extension<br>be needed. | eriod.<br>ussed<br>for the<br>med<br>week<br>week<br>o have<br>ay<br>would<br>e. |                                     |  |

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